

Pharmaceutical Needs Assessment

*Appendix C
Community Pharmacy Questionnaire*

Pharmaceutical Needs Assessment Community Pharmacy Questionnaire

Please complete and return this questionnaire by **Wednesday 18th June 2014**. This should be marked for the attention of Vanessa Lane and emailed to the following address: pna-support@webstar-lane.co.uk. Alternatively, you may prefer to return this by post to the following address: London Borough Croydon PNA Questionnaire, c/o Webstar Lane 336 Pinner Road, Harrow HA1 4LB.

If you have any queries before completing the questionnaire, please do not hesitate to contact Vanessa on 07880 602088.

We would ask you to note that much of the information requested is in the public domain and that a summary of responses will be shared with the Pharmaceutical Needs Assessment (PNA) Steering Group which has been established by the London Borough of Croydon to oversee the development of the PNA.

1. Premises Details		
1.1	Company Name (i.e. Legal Entity)	
1.2	Trading Name	
1.3	Address	
1.4	Address	
1.4	Postcode	
1.4	Email address	
1.5	Fax Number	
1.6	Name of person(s) we should contact with any queries (if different from above)	
1.7	Please confirm we may store the above details and use these to contact you	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No

2. Type of Contract

2.1	Contract Type	<p>Please confirm the type of contract held:</p> <p><input type="checkbox"/>₁ National Pharmaceutical Services Contract ONLY → Go to 2.3</p> <p><input type="checkbox"/>₂ Local Pharmaceutical Services Contract ONLY → Go to 2.2</p> <p><input type="checkbox"/>₃ National Pharmaceutical Services Contract AND Local Pharmaceutical Services Contract → Go to 2.2</p>
2.2	Local Pharmaceutical Services Contracts (including ESPLPS)	<p>Where you hold a Local Pharmaceutical Services contract then please confirm the type of LPS contract:</p> <p><input type="checkbox"/>₁ Essential Small Pharmacy Local Pharmaceutical Services contract → Go to 2.3</p> <p><input type="checkbox"/>₂ Other - please give details in the box below: → Go to 2.3</p> <div data-bbox="645 799 1756 938" style="border: 1px solid black; height: 87px; width: 496px;"></div>
2.3	Other Relevant Information	<p>Please indicate if any of the following apply:</p> <p>Contract granted under an “Exempt” category</p> <p><input type="checkbox"/>₁ 100 Hour Pharmacy</p> <p><input type="checkbox"/>₂ Mail order or internet based pharmacy (i.e. distance selling)</p> <p><input type="checkbox"/>₃ Not applicable</p>

3. Pharmacy Opening Hours

3. Pharmacy Opening Hours									
		3.1 Total Opening Hours				3.2 Core Hours			
		<i>Please state the full opening hours for your pharmacy (i.e. your core and supplementary hours) in this section</i>				<i>Please state your core hours in this section</i>			
		<i>When recording lunch time please record times that the pharmacy is closed to the public or where a full pharmaceutical service is not available Please use 24 hour clock e.g. 08:00 or 18:00</i>				<i>Please use 24 hour clock e.g. 08:00 or 18:00</i>			
		Opening time	Closing Time	Lunch-time (from - to)		Opening time	Closing Time	Lunch-time (from - to)	
a	Monday								
b	Tuesday								
c	Wednesday								
d	Thursday								
e	Friday								
f	Saturday								
g	Sunday								

4. Advanced Service Provision					
Service		4.1 Currently Provided	4.2 Willing to provide in future? <i>ONLY answer if service <u>NOT</u> currently provided</i>	4.3 <i>It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*</i>	
a	Medicines use reviews	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
b	New medicines service	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
c	Appliance use reviews	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No →		
d	Stoma Appliance Customisation Service	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No →		

* Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services

5. Enhanced & Locally Commissioned Service Provision

*This section relates to enhanced services, commissioned by NHS England; and other services which are commissioned locally by the London Borough of Croydon, NHS Croydon Clinical Commissioning Group. **Please click or tick the relevant box to indicate your response.***

Service		5.1 Currently Provided <i>In order to answer "Yes", you must have signed an SLA and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
a	Minor ailments	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
b	Seasonal flu Vaccine	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
c	Public holiday rotas	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
d	Anti-coagulant monitoring	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
e	Care Home advice & support	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
f	Domiciliary visiting service	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
g	Needle Exchange	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
h	Supervised consumption	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		

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	Service	5.1 Currently Provided <i>In order to answer "Yes", you must have signed an SLA and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
i	EHC supply under PGD	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
j	Oral Contraception & Pregnancy Testing	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
k	Chlamydia screening	<input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
l	Chlamydia treatment under PGD	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
m	Stop Smoking	<input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
n	NHS Health Checks	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
o	Based on your knowledge of the healthcare needs of the patients and public who use your pharmacy, do you think that any other NHS service should be commissioned?				

* Please note this information will be non-attributable; it will only be used for planning & commissioning services

6. Non- NHS Healthcare Related Services provided in your Pharmacy

Please provide an overview of services which you offer within your pharmacy, which are **NOT commissioned** by an external agency (such as NHS England, Public Health, the CCG, Local Government etc). Non-NHS services may include repeat prescription collection & delivery services; travel clinics; Truss fitting, "health checks" e.g. BP measurement, flu vaccinations paid for directly by the patient etc. You may add rows if you wish

	Service	Brief description of service
6.1		
6.2		
6.3		
6.4		
6.5		
6.6		

7. The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities

Please provide details of arrangements which are in place to meet the needs of those with disabilities. Please click on / tick the relevant box to indicate your response

7.1 Can wheel chair users access all public areas and services within your premises?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	7.2 If “No”, please describe below which areas or services are inaccessible:
7.3 Which of the following facilities, to aid those who are hearing impaired, do you have? <i>Please tick all that apply</i>	<input type="checkbox"/> ₁ Hearing Loop <input type="checkbox"/> ₂ Signing <input type="checkbox"/> ₃ Other - please specify → <input type="checkbox"/> ₄ None	
7.4 Which of the following facilities, to aid those who are visually impaired, do you have? <i>Please tick all that apply</i>	<input type="checkbox"/> ₁ Braille <input type="checkbox"/> ₂ Large print labels <input type="checkbox"/> ₃ Other - please specify → <input type="checkbox"/> ₄ None <div style="text-align: right;">If needed</div>	

8. Languages spoken within the Pharmacy

Please provide details of any languages, other than English, spoken by you or your staff (you may add rows if necessary)

8.1	8.2	8.3	8.4
8.5	8.6	8.7	8.8

9. Consultation Area(s)

Please provide details of your consultation area(s) and its characteristics & facilities. Please click on / tick the relevant box to indicate your response

9.1 How many consultation areas does your pharmacy have?	<input type="checkbox"/> ₁ None → Go to Q.9.5 <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one →	9.2 If more than one please say how many: _____ consultation areas
9.3 How many consultation areas are a closed room?	<input type="checkbox"/> ₁ None <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one	
9.4 Characteristics of the consultation area(s) If you have more than one consultation area then please tick any that apply to any of the consultation areas in your pharmacy. <i>Please click on / tick the box where a feature applies</i> <i>Leave blank where it doesn't apply</i>	<input type="checkbox"/> ₁ Sink with hot water <input type="checkbox"/> ₆ Telephone <input type="checkbox"/> ₁₀ Computer terminal <input type="checkbox"/> ₂ Examination couch <input type="checkbox"/> ₇ Space for a chaperone <input type="checkbox"/> ₁₁ PMR access <input type="checkbox"/> ₃ Patient toilet facilities near by <input type="checkbox"/> ₈ Wheel chair access <input type="checkbox"/> ₁₂ Internet access <input type="checkbox"/> ₄ Panic button <input type="checkbox"/> ₉ Hearing loop <input type="checkbox"/> ₁₃ An N3 connection <input type="checkbox"/> ₅ CCTV <input type="checkbox"/> ₁₄ Access to NHS.net email	
9.5 Do you plan to introduce a consultation area in the future?	<input type="checkbox"/> ₁ No → Go to Q.9.6 <input type="checkbox"/> ₁ Yes – within 12 months <input type="checkbox"/> ₁ Yes – more than 12 months	
9.6 If you have no plans for a consultation area, it would be helpful to understand your reasons for this. Please describe them: →		

10. Enhancements to Patient Care

Please provide details of any facilities or services which your pharmacy has in place (and which have not already been identified within this questionnaire) to enhance patient access, care or confidentiality. Please click on / tick the relevant box to indicate your response

10.1 Pharmacist consultations within a patient's home?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.2 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.3 Pharmacist consultations within a Care Home?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.4 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.5 Pharmacist consultations within the work place?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.6 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.7 Pharmacist consultations within a GP surgery?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.8 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.9 A screen or other means to enhance confidentiality, other than the consultation area	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.10 If "Yes", please provide details below
10.11 Other enhancement(s)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.12 If "Yes", please provide details below

11. Looking to the Future

*In this section, we provide examples of potential service developments **which may be commissioned from pharmacies in the future**. At this stage, the examples are provided for illustrative purposes only. This is to help us gauge the potential interest of pharmacies in delivering an extended range of services; to understand what support pharmacies may require; and for you to provide us with insights into any potential barriers.*

Whilst this information will inform our assessment and statement of pharmaceutical need, this should not be regarded as an indication that these service developments will be commissioned in the future

Service Development	11.1 Would the pharmacy be WILLING to offer this Service Development	11.2 Would your pharmacy have the ABILITY to offer the service development	11.3 What SUPPORT would you require?	11.4 What are the potential barriers to delivery?
a. Pharmacy led “Quit groups” e.g. to support smoking cessation	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
b. Dedicating window space e.g. for ‘health promotion’ campaigns	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<i>Not applicable for this question</i>	
c. Provision of other public health services e.g.				
▪ Identification & brief advice (IBA) - Alcohol	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
▪ Hepatitis C Testing	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
▪ Childhood immunisations	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
d. “Healthy living pharmacy” approach”	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
e. Provision of ‘outreach’ services to ‘hard to reach groups	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
f. ‘Hiring’ space or consultation rooms e.g. for use by other healthcare professionals	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		

12. Pharmacy Staffing

The PNA Steering Group wishes to secure a 'snap shot' of current pharmacy staffing. This information will be included in a supplement to the PNA and will be used by service commissioners in the design, planning and commissioning of services. It will not form part of the analysis for the PNA.

Please enter your response to each question in the blank column and/or check / tick the box where relevant

Pharmacists

12.1 How many different pharmacists regularly work (i.e. on one day a week or more) within your pharmacy?

12.2 Do you regularly have two or more pharmacists on duty?

₁ Yes ₀ No

12.3 If "Yes", please provide details:

How many:.....

12.4 Which days:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.5 Which times:

Morning	Lunchtime	Afternoon	Other/Varies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.6 If "Other/Varies", please give details below:

12.7 Do you use a regular locum for holiday cover?

₁ Yes ₀ No

12.8 Do any of these pharmacists have prescribing qualifications?

₁ Yes ₀ No

If "Yes", please provide details:

12.9 No. of Independent Prescribers

12.10 No. of Supplementary Prescribers

Registered Technicians or Dispensers	12.11 How many different registered technicians or dispensers regularly work (i.e. on one or more days per week) within your pharmacy?	
	12.12 How many registered technicians or dispensers are on duty at any one time?	
Counter Staff	12.13 How many counter staff are on duty at any one time?	
12.14 If you wish to provide any additional information on staffing within your pharmacy (including details of any other healthcare professionals who you may employ or who provide sessions), please enter this into the box below: <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>		

13. Final Thoughts or Comments
<i>If you have any final thoughts or comments, which you think would be relevant to the Pharmaceutical Needs Assessment, please describe them in the box below</i>

Thank you very much for your time.

Please complete and return this questionnaire by **Wednesday 18th June 2014**. This should be marked for the attention of **Vanessa Lane** and sent to the following email address: pna-support@webstar-lane.co.uk. Alternatively, you may prefer to return this by post to:

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 336 Pinner Road
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